## **Sherwood Middle School**

30 Sherwood Avenue, Shrewsbury, MA 01545 (508) 841-8670 (508) 841-8671 fax

Jane Lizotte, Principal Heather Gablaski, Assistant Principal Michelle Melick, Assistant Principal

## Permission Form

| I am aware that my child "Its Complicated" at Sherwood Middle School with N   | will be attending a counseling group called Mrs. O'Connell and Mrs. Connole. |
|---|--|
| Group Description:  | ours of  |
| This group is designed for fifth and sixth grade students remarriage during the holiday season. The goal of the g students with similar family makeup, build coping skills impact kids of blended families. | roup is to provide a sense of common experience for                          |
| Please initial to note your agreement to the following:   |  |
| Students will meet individually with cour   | nseling staff before the group begins.                                       |
| This confidential group will meet for six   | sessions:  |
| November 10 <sup>th</sup> December 2 <sup>nd</sup> November 21 <sup>st</sup> December 12 <sup>th</sup> December 20 <sup>th</sup>  | January 5 <sup>th</sup> January 13 <sup>th</sup> April 6 <sup>th</sup>       |
| This group will meet from 1:50-2:30PM, time.  | which may result in my child missing academic                                |
| Parent Signature:   |  |
| Phone:  |  |
| A reminder email will be sent to parents and student  | s before each group meeting please provide:                                  |
| Parent E-mail:  | <u></u>  |
| Student E-mail:   | <u></u>  |